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Bib Data Sheet

CONFIRMATION NO. 4092

SERIAL NUMBER 09/014,076	FILING DATE 01/27/1998 RULE	CLASS 700	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. D-1056
APPLICANTS MAX A. FEDOR, WEXFORD, PA; ERIC R. COLBURN, WEXFORD, PA; ROBERT G. GILLIO, LANCASTER, PA; DANIEL W. NEU, PITTSBURG, PA; R. MICHAEL MCGRADY, BADEN, PA;				
** CONTINUING DATA ***** This application is a CIP of 08/186,285 01/25/1994 PAT 5,533,079 which is a CIP of 08/009,055 01/25/1993 PAT 5,404,384				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/21/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY PA	SHEETS DRAWING 20	TOTAL CLAIMS 1
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS 28995 RALPH E. JOCKE walker & jocke LPA 231 SOUTH BROADWAY MEDINA , OH 44256				
TITLE METHOD FOR TRACKING AND DISPENSING MEDICAL ITEMS				
		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing)		



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** CONTINUING DATA *****

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Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

28995
 RALPH E. JOCKE
 231 SOUTH BROADWAY
 MEDINA, OH
 44256

TITLE

METHOD FOR TRACKING AND DISPENSING MEDICAL ITEMS

FILING FEE

FEES: Authority has been given in Paper

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of

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09/014,076	01/27/98	364	2786	D-1056

APPLICANT

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****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/186,285 01/25/94 PAT 5,533,079
WHICH IS A CIP OF 08/009,055 01/25/93 PAT 5,404,384

*Haymen
2504*

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2504*

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	PA	20	1	1

ADDRESS
RALPH E JOCKE
231 SOUTH BROADWAY
MEDINA OH 44256

TITLE

INVENTORY MONITORING AND DISPENSING SYSTEM FOR MEDICAL ITEMS

FILING FEE RECEIVED

\$790

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of tir)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit